

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 21-46—sSB 2**  
*Committee on Children*  
*Appropriations Committee*

**AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH,  
SAFETY AND EDUCATION OF CHILDREN**

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## BACKGROUND

### § 1 — YOUTH SUICIDE PREVENTION TRAINING PROGRAM



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*Requires the Youth Suicide Advisory Board (YSAB) and Office of the Child Advocate (OCA) to jointly administer a youth suicide prevention training program in local and district health departments*

The act requires the YSAB and the OCA to jointly administer an evidence-based youth suicide prevention training program in each local and district health department and offer it at least once every three years, starting by July 1, 2022. YSAB and OCA may contract with a nongovernmental entity that provides evidence-based suicide prevention training to administer the program.

The training program must (1) provide certification in Question, Persuade and Refer (QPR) Institute Gatekeeper Training (i.e., an educational program designed to teach lay and professional individuals who work with youth the warning signs of a suicide crisis and how to respond) and (2) use a training model that allows participants with valid certification to train other individuals, including members of the public.

The act requires each local and district health department director to determine the program's eligibility criteria. Program participants must be from the following groups in each health district:

1. local and district health department employees,
2. youth service bureau employees,
3. school employees,
4. youth-serving organization employees and volunteers,
5. youth athletic activity employees and volunteers,
6. municipal social service agency employees,
7. paid municipal or volunteer fire department members, and
8. local police department members.

The act allows school employees to participate in the training program as part of an in-service training program provided by local and regional boards of education under existing law.

Under the act, an "evidence-based" training program is one that:

1. incorporates methods shown to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials;
2. can be successfully replicated in the state with a set of procedures; and
3. achieves sustained, desirable outcomes and, when possible, has been determined to be cost-beneficial.

EFFECTIVE DATE: July 1, 2021

### §§ 2-9 — MENTAL HEALTH TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS

*Expands continuing education requirements for certain healthcare professions to include specified mental health and suicide prevention training*

Beginning by January 1, 2022, the act expands the continuing education requirements for certain healthcare professionals to include at least two hours of



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training and education on (1) screening for post-traumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training (i.e., "required training and education").

Except as noted below, the requirement applies (1) during the first license or certification renewal period, as applicable, and (2) at least once every six years after that.

This requirement applies to:

1. physician assistants;
2. physical therapists;
3. occupational therapists and occupational therapy assistants;
4. registered nurses and licensed practical nurses;
5. behavior analysts;
6. certified community health workers; and
7. emergency medical responders, emergency medical technicians, or emergency medical instructors.

The act also requires two hours of this training for nurse's aides as part of their registration requirements.

The act specifies that the youth suicide prevention training program it establishes (see above) may satisfy the suicide prevention training requirement for some of these healthcare professionals. This applies to physical therapists, occupational therapists and occupational therapist assistants, nurse's aides, behavior analysts, certified community health workers, emergency medical responders, and emergency medical technicians.

EFFECTIVE DATE: July 1, 2021

### *Physician Assistants (§ 2)*

The act requires physician assistants to complete the required training and education through a program administered by the American Association of Physician Assistants, a hospital or other licensed health care institution, or a regionally accredited higher education institution. (The act specifically requires two contact hours, which total 100 minutes.) Physician assistants applying for license renewal must sign a statement on a DPH-prescribed form attesting that they have satisfied the requirements.

The act requires licensees to (1) retain attendance records or completion certificates demonstrating compliance for at least three years following the year in which they completed the continuing education and (2) submit the records or certificates to DPH for inspection within 45 days after the department requests them.

### *Physical Therapists (§ 3)*

Existing law requires physical therapists to complete at least 20 hours of continuing education during each registration period (i.e., the 12-month period for which a license has been renewed). Under the act, this continuing education must also include the act's required training and education (1) during the first license



renewal period for which continuing education is required (i.e., for the second license renewal) and (2) every six years after that.

*Occupational Therapists and Occupational Therapy Assistants (§ 4)*

The act requires occupational therapists and occupational therapy assistants to complete the mental health training or education as an additional requirement for license renewal when applicable. (By law, licenses must be renewed every two years.) The training or education must be offered or approved by the Connecticut Occupational Therapy Association, a hospital or other licensed health care institution, or a regionally accredited higher education institution.

*Registered Nurses and Licensed Practical Nurses (§ 5)*

The act requires actively practicing registered nurses (RNs) and licensed practical nurses (LPNs) to complete two contact hours (i.e., 100 minutes) of the required training and education. Qualifying continuing education courses include in-person and online courses offered or approved by:

1. the American Nurses Association,
2. the Connecticut Hospital Association,
3. the Connecticut Nurses Association or Connecticut League for Nursing,
4. a specialty nursing society or an equivalent organization in another jurisdiction,
5. a hospital or other health care institution,
6. a regionally accredited academic institution, or
7. a state or local health department.

The act also requires each RN and LPN applying for license renewal to sign a statement on a DPH-prescribed form attesting that he or she has satisfied the continuing education requirements. Each licensee must (1) retain attendance records or completion certificates demonstrating compliance for at least three years after the year in which the continuing education was completed and (2) submit the records or certificates to DPH for inspection within 45 days after the department requests them.

*Nurse Aides (§ 6)*

The act requires nurse aides to complete the required training and education as part of their existing minimum 100-hour training program requirement. The suicide prevention training must be offered or approved by the same entities as required for RNs and LPNs (see above). (However, the act provides that the youth suicide prevention training program it establishes (see § 1 above) also satisfies the suicide prevention training requirement.)

*Behavior Analysts (§ 7)*

The act requires behavioral analysts to complete the mental health training or



education as an additional requirement for licensure renewal. The training or education must be offered or approved by the Connecticut Association for Behavior Analysis, a hospital or other licensed health care institution, or a regionally accredited higher education institution.

*Certified Community Health Workers (§ 8)*

Under the act, certified community health workers must include the mental health and suicide prevention training as part of the existing minimum 30-hour continuing education requirement for license renewal every three years. The training must be provided by the Community Health Worker Advisory Body or providers the body approves.

*Emergency Medical Services (EMS) Personnel (§ 9)*

The act requires emergency medical responders, emergency medical technicians, or EMS instructors seeking certification renewal to complete mental health and suicide prevention training. Emergency medical responders and technicians must complete the training within the six years before the certification renewal. For instructors, the requirement applies during the first renewal period and at least once every six years after that. (PA 21-121 (§ 95) extends these requirements to advanced EMTs seeking certification renewal and removes the separate requirement for EMS instructors to take this training.)

The law already requires paramedics to complete mental health first aid training as part of their licensing application.

§ 10 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

*Generally allows minors to request and receive as many outpatient mental health treatment sessions as necessary without a parent's or guardian's consent or notification*

By law, a psychiatrist, a psychologist, an independent social worker, or a marital and family therapist may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the minor's request under certain conditions. Prior law required a mental health provider to notify the minor that a parent's or guardian's consent, notification, or involvement was required to continue treatment after the sixth session, unless it was seriously detrimental to the minor's well-being.

The act generally allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian. A provider may notify a parent or guardian of treatment provided without the minor's consent or notification if the (1) provider determines that notification or disclosure is necessary for the minor's well-being, (2) treatment provided to the minor is solely for mental health and not for a substance use disorder, and (3) minor is given an opportunity to object to the notification or disclosure.

The act requires the provider to document his or her determination regarding



the notification or disclosure and any objections expressed by the minor in the minor's clinical record. The provider may disclose to a minor's parent or guardian the following information about the treatment:

1. diagnosis;
2. treatment plan and progress;
3. recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule;
4. psychoeducation about the minor's mental health;
5. referrals to community resources;
6. coaching on parenting or behavioral management strategies; and
7. crisis prevention planning and safety planning.

The act also requires a provider to release a minor's entire clinical record to another provider upon the request of the minor or the minor's parent or guardian.

EFFECTIVE DATE: July 1, 2021

## §§ 11-13 — SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT AND SOCIAL-EMOTIONAL LEARNING

*Requires local and regional boards of education to integrate social-emotional learning principles and practices throughout their school district's professional development program components*

Beginning with the 2021-2022 school year, the act requires local and regional boards of education to integrate social-emotional learning principles and practices throughout their school district's professional development program components. It similarly requires boards to include this integration as a goal in the district's statement of educational goals. Under existing law, each board must (1) make available, at no cost, at least 18 hours of individual and small group professional development each school year for certified employees and (2) develop a statement of educational goals for the district with the participation of specified stakeholders (e.g., parents).

Existing law also requires local and regional boards of education to establish professional development and evaluation committees to, among other things, develop, evaluate, and annually update the district's professional development plan for certified employees. The act requires that the plan's development consider priorities and needs related to student social-emotional learning. It also specifies that existing law's requirement to consider priorities and needs related to student outcomes applies specifically to student academic outcomes.

EFFECTIVE DATE: July 1, 2021

## § 14 —PARENT-TEACHER CONFERENCES AND VIRTUAL LEARNING

*Requires school districts to (1) allow parents to attend any parent-teacher conference remotely and (2) conduct additional conferences during specified virtual learning periods*

Existing law requires local and regional boards of education to implement written policies and procedures to encourage parent-teacher communication. Among other things, they must require school districts to conduct two flexible



parent-teacher conferences each school year.

Beginning with the 2021-2022 school year, the act requires that these policies and procedures also require districts to do the following:

1. offer parents the option of attending a parent-teacher conference by telephone, video conference, or other conferencing platform;
2. conduct one additional parent-teacher conference (a) during a period when the district provides virtual learning for more than three consecutive weeks and (b) every six months after that if sessions continue to be provided virtually; and
3. request from each student's parent the name and contact information of someone who may be contacted if the parent cannot be reached to schedule one of these additional parent-teacher conferences. (PA 21-2, June Special Session (JSS), § 390, replaces "virtual learning" with "remote learning.")

Beginning January 1, 2022, the policies and procedures must also require teachers to do the following:

1. provide parents with a copy of a State Department of Education (SDE)-developed community resources document (see § 15 below) before conducting a parent-teacher conference required by the act (i.e., a conference conducted during certain virtual learning periods, see above) and
2. report to the school principal, school counselor, or other school administrator designated by the board of education if, after three attempts, the teacher is unable to contact a student's parent in order to schedule a parent-teacher conference required by the act.

In the latter case, the principal, counselor, or administrator must contact the student's emergency contact to determine the student's and family's health and safety.

EFFECTIVE DATE: July 1, 2021

## § 15 — COMMUNITY RESOURCES DOCUMENT

*Requires SDE to develop and annually update a document for local and regional boards of education that provides students and families with information on community resources*

The act requires SDE, by December 1, 2021, to develop and annually update a document for local and regional boards of education that provides information on educational, safety, mental health, and food insecurity resources and programs available for students and their families. The document must include:

1. providers of these resources and programs, including SDE, the Department of Children and Families, the Department of Mental Health and Addiction Services, the United Way of Connecticut, and local food banks;
2. descriptions of relevant resources and programs each provider offers, including any program that provides laptops, public Internet access, or home Internet service to students;
3. each provider's, resource's, and program's contact information; and



4. relevant websites.

SDE must electronically distribute the document annually to each local and regional board of education.

EFFECTIVE DATE: Upon passage

## §§ 16-18 — VIRTUAL LEARNING

*Requires the SDE commissioner to develop and update virtual learning standards; allows local and regional boards of education to authorize virtual learning for students in grades 9-12*

### *Virtual Learning Standards and Policy (§§ 16 & 17)*

The act requires the SDE commissioner to develop, and update as necessary, standards for virtual learning (i.e., instruction by means of one or more Internet-based software platforms as part of an in-person or remote learning model). It specifies that the standards must not be deemed regulations. (PA 21-2, JSS, §§ 391 & 392, replaces "virtual learning" with "remote learning" and eliminates the reference to in-person learning.)

The act also allows local and regional school boards, starting with the 2021-2022 school year, to authorize virtual learning for students in grades 9-12 if the boards:

1. provide instruction that complies with SDE's standards and
2. adopt a policy on student attendance requirements that (a) complies with SDE guidance and (b) counts the attendance of any student who spends at least half of the day during virtual instruction engaged in virtual classes or meetings, activities on time-logged electronic systems, and turning in assignments.

Under the act, virtual learning must be considered an actual school session as long as it complies with SDE's standards.

### *Excused and Unexcused School Absences (§ 18)*

The act requires the State Board of Education to change its definition of the terms "excused absence" and "unexcused absence" by July 1, 2021, to exclude a student's engagement in virtual classes or meetings, activities on time-logged electronic systems, and completion and submission of assignments. The exclusion applies if the engagement accounts for at least half of the school day for which virtual learning is authorized. (PA 21-2, JSS, § 393, replaces "virtual learning" with "remote learning.")

EFFECTIVE DATE: Upon passage, except that the requirement that virtual learning be considered an actual school session is effective July 1, 2021.

## § 19 — MENTAL HEALTH WELLNESS DAYS

*Requires local or regional boards of education to allow any student in grades kindergarten through 12 to take two mental health wellness days during the school year*



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Beginning with the 2021-2022 school year, the act requires local or regional boards of education to allow any student enrolled in grades kindergarten through 12 to take two mental health wellness days during the school year on which he or she need not attend school. However, a student may not take these mental health wellness days during consecutive school days.

EFFECTIVE DATE: July 1, 2021

### § 20 — SCHOOL LUNCH DEBT

*Requires local and regional boards of education to include specified measures in their policies or procedures for collecting unpaid school meal charges, including a procedure for communicating with parents or guardians about available resources and a prohibition against publicly identifying or shaming a child*

Beginning with the 2021-2022 school year, the act requires local and regional boards of education to include the following in policies or procedures for collecting unpaid school meal charges applicable to employees and third-party vendors who provide school meals:

1. a prohibition on publicly identifying or shaming a child for unpaid meal charges, including (a) delaying or refusing to serve the child a meal, (b) designating a specific meal, or (c) taking any disciplinary action;
2. a declaration of a child's right to purchase one meal (which may exclude a la carte items) for any school breakfast, lunch, or other feeding; and
3. a procedure for communicating with parents or guardians about collecting a child's unpaid meal charges, including (a) information on local food pantries, (b) applications for free or reduced-price meals and the Department of Social Services' Supplemental Nutrition Assistance Program, and (c) a link to the school district's website that lists any community services available to town residents.

If a child's unpaid meal charges equal or exceed the cost of 30 meals, the act requires the local or regional school board to refer the child's parent or guardian to the board's local homeless education liaison. The act also allows boards to accept gifts, donations, or grants from any public or private source to pay off unpaid meal charges.

EFFECTIVE DATE: July 1, 2021

### § 21 — VISITATION OF CHILD IN DCF CARE AND CUSTODY

*Requires the DCF commissioner to develop a remote visitation policy and ensure opportunities for virtual visitation of children in the department's custody during a pandemic or communicable disease outbreak*

#### *Virtual Visitation Requirement*

By law, the DCF commissioner must ensure that children in the department's care and custody receive visits from their parents and siblings, unless the court orders otherwise.

Under the act, in the event of a pandemic or communicable disease outbreak



resulting in a declaration of a public health emergency by the Governor or a declaration of a national emergency by the President of the United States, the child must be given opportunities to communicate with his or her parents and siblings by telephone, video, or other conferencing platform instead of in-person visitation for the duration of the emergency.

The commissioner must ensure that opportunities for these visits occur as often as reasonably possible, based on the child's best interest, as is the case for in-person visits under existing law.

*Remote Visitation Policy Related to Communicable Diseases*

The act requires the DCF commissioner, by January 1, 2022, to develop a policy to temporarily stop in-person visitation, on a case-by-case basis, if (1) a child or his or her parent or sibling is seriously ill due to a communicable disease and (2) visitation could result in at least one participant contracting the disease during the visit.

The policy must require that the child is provided an opportunity to communicate with his or her parents and siblings by telephonic, video, or other conferencing platform instead of an in-person visit. The act requires the commissioner to define the terms "seriously ill" and "communicable disease" in the visitation policy.

EFFECTIVE DATE: July 1, 2021

§ 22 — DCF SOFTWARE APPLICATION

*Requires the DCF commissioner to develop and maintain a software application for reporting on computers and mobile devices certain incidents and communications regarding children in the department's custody*

The act requires the DCF commissioner, by February 1, 2022, to develop and maintain a software application for use on computers and mobile devices to facilitate (1) reporting nonemergent incidents to DCF by mandated reporters and (2) communication between children in the commissioner's care and custody and social workers assigned to them.

EFFECTIVE DATE: July 1, 2021

§ 23 — DCF WRITTEN REMOVAL NOTICE AND LIST

*Requires the DCF Commissioner to provide written notice regarding legal representation to the parent or guardian of a child with a complaint of neglect or abuse*

By law, if the DCF commissioner receives a complaint of child abuse or neglect, at the first face-to-face contact with the child's parent or guardian, DCF must provide a written notice explaining certain matters in plain language. (The act appears to suspend this requirement until October 1, 2021.)

Under the law, among other things, the notice must state that the parent or guardian is entitled to seek the representation of an attorney and have an attorney



present when a DCF representative questions them. The act specifies that this includes any meeting conducted to determine whether the child should be removed from the home.

In addition to the written notice, the act also requires DCF to provide these parents or guardians with a list of free and low-cost legal services providers through which they may obtain legal advice.

As is the case under existing law for the written notice, the act requires DCF to (1) make reasonable efforts to ensure that the list is written in a manner and language that the parent or guardian can understand and (2) request the parent or guardian to sign and date the notice as evidence of receiving the list.

EFFECTIVE DATE: July 1, 2021

## § 24 — EARLY INTERVENTION SERVICES FEES

*Prohibits the OEC commissioner from charging a fee for early intervention services to the parents or legal guardians of eligible children*

Prior law required the OEC commissioner to establish and periodically revise a schedule of fees for providing early intervention services to eligible children. The act eliminates this requirement and instead prohibits the commissioner from charging a fee for early intervention services to the parents or legal guardians of eligible children.

Prior law required the commissioner to develop and implement procedures to hold a recipient harmless for the impact of pursuit of payment for early intervention services against lifetime insurance limits. The act limits this requirement to services rendered prior to its passage.

EFFECTIVE DATE: Upon passage

## § 25 — PLANNING AND PLACEMENT TEAM MEETINGS

*Makes various changes regarding planning and placement team (PPT) meetings, including (1) expanding parental notification requirements, (2) providing for birth-to-three service coordinator participation, (3) establishing notification requirements related to the initial meeting, and (4) requiring developmental delay monitoring*

### *Expansion of Parental Notification Requirements*

By law, a local or regional board of education responsible for providing special education and related services to a child or pupil generally must provide written notice to the child's parent or guardian or to a pupil who is an emancipated minor before (1) proposing to, or refusing to, initiate or change the child's or pupil's identification, evaluation, or educational placement or (2) providing free appropriate public education to the child or pupil. The law also gives the parent, guardian, or pupil, upon request, the right to meet with a member of the planning and placement team (PPT) before the referral team meeting.

Under existing law, the pupil or his or her parent, guardian, or surrogate parent ("caregiver") must (1) be given at least five-days' notice before any PPT



meeting; (2) have the right to be present at and participate in all portions of a meeting at which an educational program for the child or pupil is developed, reviewed, or revised; and (3) have the right to have certain professionals present and participate. During any meeting at which an educational program for the child or pupil is developed, the act additionally gives the pupil or caregiver the right to have each recommendation made in the child or pupil's Birth-to-Three individualized transition plan addressed by the PPT.

*Birth-to-Three Service Coordinator PPT Participation*

The act also gives the pupil or caregiver the right to have the child or pupil's Birth-to-Three service coordinator, if any, attend and participate in any part of the meeting at which an educational program for the child or pupil is developed, reviewed, or revised. It maintains the right to have advisors and school paraprofessionals attend and participate in these meetings, but no longer requires them to be present.

*Additional Notification Requirements*

The act expands the information that the responsible local or regional board of education must give the caregiver or pupil at each initial PPT meeting. Under existing law, the boards must tell them about physical restraint and seclusion laws and regulations. Under the act, during the meeting at which an educational program for the child or pupil is developed, the local or regional board of education must also inform them of their right to have:

1. the child or pupil's Birth-to-Three service coordinator attend and participate in all portions of the meeting and
2. each recommendation made in the transition plan by the service coordinator addressed by the PPT.

*Monitoring Developmental Delay*

*Required Monitoring.* The act requires each local or regional board of education to monitor the development of each child who has been (1) referred for a registration on a mobile application designated by the OEC commissioner (see § 27 below), in partnership with the child's caregiver, or (2) provided a form for the child's caregiver to complete and submit to the board of education that screens for developmental and social-emotional delays using a validated screening tool, such as the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire, or its equivalent.

*PPT Meeting.* If, based on this monitoring, a child is suspected of having a developmental delay, the board must schedule a PPT meeting with the caregiver to identify services for which the child may be eligible, including a preschool program under Part B of the Individuals with Disabilities Act.

*Reminders.* If a caregiver of a child referred for a registration on the mobile application or provided such a screening form, fails to complete the registration or



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complete and submit the form after six months, the board must send that person a reminder, in the form and manner determined by the board, to do so. The board must send another reminder after one year from the referral or provision of the form if the registration remains incomplete or the form is not submitted.

EFFECTIVE DATE: July 1, 2021

### § 26 — BIRTH-TO-THREE COORDINATOR DISCIPLINARY PROTECTIONS

*Extends job protections available to boards of education PPT members to cover Birth-to-Three service coordinators or qualified personnel concerning PPT meetings or transition plans*

Existing law prohibits local or regional boards of education from disciplining, suspending, terminating, or otherwise punishing any PPT member employed by the board who discusses or makes recommendations about providing special education and related services for a child during a PPT meeting. The act extends this protection to Birth-to-Three service coordinators or qualified personnel concerning PPT meetings or transition plans.

EFFECTIVE DATE: July 1, 2021

### § 27 — DEVELOPMENTAL AND SOCIAL-EMOTIONAL DELAY SCREENINGS

*Expands developmental and social-emotional delay screenings by requiring the OEC commissioner to designate a mobile application for eligible children and their families to continue the screenings*

Existing law generally requires each eligible child (see below) and his or her family to receive (1) a multidisciplinary assessment, (2) a written individualized family service plan, and (3) a review of the individualized family service plan within set time frames.

The act expands this by requiring that within two months after a child is determined ineligible to participate in preschool programs under Part B of the Individuals with Disabilities Act, the child and his or her family receive a referral to register for a mobile application designated by the OEC commissioner to continue screening for developmental and social-emotional delays in partnership with the child's local or regional board of education. Under the act, a screening form using a validated screening tool, such as the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire, or its equivalent, must be provided to any family upon request for completing and submitting the form.

#### *Eligible Child*

By law, an "eligible child" is a child up to age 36 months, who is not eligible for special education and related services and who needs early intervention services because he or she is (1) experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures or (2)



diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay (CGS § 17a-248(4)).

EFFECTIVE DATE: July 1, 2021

§ 28 — BIRTH-TO-THREE PROGRAM EXPANSION

*Requires the OEC commissioner to develop and implement a plan to expand the Birth-to-Three Program to provide early intervention services to certain children*

The act requires the OEC commissioner, by July 1, 2022, to develop and implement a plan to expand the Birth-to-Three Program to provide early intervention services to any child who:

1. is enrolled in the program;
2. turns age three between May 1 and the first day of the next school year commencing July 1; and
3. is eligible for preschool programs under Part B of the federal Individuals with Disabilities Act (however, the services must end when the child starts participating in the preschool program).

The act authorizes the commissioner to adopt implementing regulations. (PA 21-02, June Special Session, §§ 419-421, makes a conforming change to reflect the new definition of “eligible children” under this act; and generally extends to these children certain group and individual health insurance coverage for medically necessary early intervention services.)

EFFECTIVE DATE: Upon passage

§ 29 — SCHOOL READINESS LIAISON

*Requires the local or regional board of education of any school district that serves a town without a school readiness council to designate a school readiness liaison*

For the school year starting July 1, 2022, and each school year thereafter, in any school district that serves a town that has not convened or established a local or regional school readiness council, the act requires the district’s local or regional board of education to designate a school readiness liaison.

The liaison must (1) be an employee of the school district and (2) serve as an informational resource for parents of children transitioning from the Birth-to-Three program to enrollment in a public elementary school in the school district.

EFFECTIVE DATE: July 1, 2021

§ 30 — TASK FORCE TO STUDY CHILDREN’S NEEDS

*Establishes a 25-member task force to study the (1) comprehensive needs of children in the state and (2) extent to which educators, community members, and local and state agencies are meeting them*

The act establishes a 25-member task force to study the (1) comprehensive needs of children in the state and (2) extent to which educators, community members, and local and state agencies are meeting those needs.



*Task Force Duties*

The task force must:

1. identify children's needs using certain tenets of the whole child initiative developed by the Association for Supervision and Curriculum Development;
2. recommend new programs or changes to existing programs operated by educators or local or state agencies to better address children's needs;
3. recognize any exceptional efforts to meet the comprehensive needs of children by educators, local or state agencies, and community members (i.e., any individual or private organization that provides services or programs for children);
4. identify and advocate for funds and other resources required to meet the needs of children in the state;
5. identify redundancies in existing services or programs for children and advocate for eliminating the redundancies; and
6. assess all publicly available data concerning the identified needs and collect, or make recommendations for the state to collect, any data that is not being collected by educators, community members, or local or state agencies.

The task force must identify children's needs using the tenets that each student:

1. enters school healthy and learns about and practices a healthy lifestyle;
2. learns in an environment that is physically and emotionally safe for students and adults;
3. is actively engaged in learning and is connected to the school and broader community;
4. has access to personalized learning and is supported by qualified, caring adults; and
5. is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.

*Membership and Appointing Authorities*

The task force must consist of the following 25 members:

1. two appointed by the House speaker, one of whom is an educator employed by a local or regional board of education and one of whom is a licensed social worker working with children;
2. two appointed by the Senate president pro tempore, one of whom is a representative of the board of directors of the Association for Supervision and Curriculum Development affiliate in the state, and one of whom is a representative of a higher education institution in the state;
3. one appointed by the House majority leader, who is a school administrator employed by a local or regional board of education;
4. one appointed by the Senate majority leader, who is a chairperson of a



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- local or regional board of education;
5. one appointed by the House minority leader, who is a director or employee of a private nonprofit organization in the state that provides services or programs for children;
  6. one appointed by the Senate minority leader, who is a director or employee of a private nonprofit organization in the state that provides health-related services or programs for children;
  7. the Agriculture, Children and Families, Developmental Services, Early Childhood, Economic and Community Development, Education, Housing, Labor, Mental Health and Addiction Services, Public Health, Social Services, and Transportation commissioners or their designees;
  8. the healthcare advocate, or his designee;
  9. the Commission on Human Rights and Opportunities executive director, or her designee;
  10. the Technical Education and Career System superintendent, or his designee;
  11. the chief court administrator, or his designee; and
  12. the director of Special Education Equity for Kids of Connecticut, or the director's designee.

All initial appointments must be made within 30 days after the act passes. The appointing authority must fill any vacancy within 30 days after the vacancy. Task force chairpersons may fill a vacancy if it is not filled by the appointing authority. Members of the General Assembly may serve on the task force.

The House speaker and the Senate president pro tempore must select the chairpersons of the task force from among its members. The chairpersons must schedule and hold the task force's first meeting within 60 days after the act passes.

The Children's Committee administrative staff must serve as administrative staff of the task force.

### *Reporting Requirements*

The act requires the task force to submit a report on its findings and recommendations to the Children's Committee by January 1, 2022. The task force terminates when it submits the report or January 1, 2022, whichever is later.

EFFECTIVE DATE: Upon passage

## BACKGROUND

### *Related Act*

PA 21-95 (§§ 9-11) contains the same provisions on social-emotional learning (§§ 11-13 of this act).